## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. 1003 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH A. STATE MISSOUPI B. COUNTY a. COUNTY VS 300 admission) DATE AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR St. Louis St. Louis Yes No 🗆 TOWN l year c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Reside on Farm Inside Limits ADDRES 118 Magnolia Ave 3118 Magnolia Avenue INSTITUTION Yes For No □ Yes ☐ No 100 3. NAME OF DECEASED Middle Day Last 4. DATE Year 3 (Type or print) DEATH August September 9 1962 Wagener 0 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. Married 📆 Never Married 🗌 8. DATE OF BIRTH 5. SEX Months Widowed □ Divorced □ 1-4-1884 male white 78 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY Guard (retired) McQuay-Norris Springfield, Mo. U.S.A. Mfg. Co 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME O' August F. Wagener Frances Clayman Nellie M. Wagener IA SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, Nounknown) | (If yes, give war or dates of service Mrs. Nellie M. Wagener, 3118 Magnolia Av 18. CAUSE OF DEATH (Enter only one cause per line PART I, DEATH WAS CAUSED BY: ONSET AND DEATH 10 CORD Ιō 11 WITH MITTER STENDERS + INSUFFICIENT NSTEAD Conditions, if any, which gave rise to above cause (a). stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased WAS there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE 19. WAS AUTOPSY 20a. ACCIDENT HOMICIDE PERFORMED? YES | NO 183 20c. TIME OF Hou Month, Day, Year RIBBON INJURY BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED COUNTY WHILE AT WORK | farm, factory, street, office bldg., etc.) **TYPEWRITER** READ and last saw him alive on\_ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death Ιō 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAY, CREMATION. 23b. DATE REMOVAL (Specify) ITEM NO. Lake Charles Cemetery Sept.12, 1962 25. DATE RECD. BY LOCAL REG. Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis. 7. Missouri

STATEMENT BY LICENSED EMBALMER

	or by	, Student Embalmer No
	working under my personal supervision.	Old of Ber Burn
	StudentSignature of Student Embalmer	Licensed Embalmer No. 4202
Lyken &	DA WINGSPEC	P. O. Address Affords
*	Note: The above MUST BE SIGNED BY THI	E LICENSED EMBALMER IN his OWN HANDWRITING. (Failure to comply